[Report 1958] / Medical Officer of Health, Cheadle R.D.C.

Contributors

Cheadle (England). Rural District Council.

Publication/Creation

1958

Persistent URL

https://wellcomecollection.org/works/dk3sjjxp

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Lebrary

CHEADLE Rural District Council



of the Medical Officer of Health

1958



Cheadle Rural District Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH for the year ending December 31st, 1958.

CONTENTS:

- 1. INTRODUCTION
- 2. GENERAL INFORMATION
- 3. SOCIAL CONDITIONS OF AREA
- 4. HEALTH STATISTICS
- 5. PREVENTION AND CONTROL OF DISEASE
- 6. GENERAL PROVISION OF HEALTH SERVICES.
- 7. FOOD AND NUTRITION
- 8. WATER SUPPLIES.
- 9. SEWAGE AND REFUSE DISPOSAL
- 10. HOUSING
- 11. CHIEF PUBLIC HEALTH INSPECTOR'S REPORT
- 12. SURVEYOR'S REPORT.

REPORT

AUT TO

MEDICAL DEFICER OF HEALTH

(((()

norrowine runn

ORNERAL INFORMATION

ASSESSMENT ON SHEET

STITUTE HE STATUTES

PARENTAN AND CONTROL OF THESE ASI

SECURICAL PROVISION OF MEALTH SHRVICES

LOCULARION GNY GOOL

ELIZABLE HOTAV

JAROURE BEFER THA SON VIN

The sum

CHICH PUBLIC BESALTHANDIC BARS BLEVILL

THROUGH & MOVE TO MAKE

To the Chairman and Members of the Cheadle Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report for the year ending 31st December, 1958.

The writing of the Annual Report is, for a Medical Officer of Health, a matter of stock-taking. This is my tenth report to the Council, and reading again the early ones I find much change has taken place which is not perhaps recognised by us. The affectionate boast that "Cheadle doesn't change much" is far from true.

With the prospect of revision of boundaries and local government administration before us such stock-taking may be of value. We have had changes even in the past ten years in local government administrative detail, and the Cheadle Rural District Council is itself younger than many of its residents. Nevertheless the past ten years has shown progress which is I am sure creditable to the existing regime.

For this reason I have introduced an element of retrospect into my report although quite obviously the Medical Officer's Report would not be the place in which to attempt to set down a comprehensive survey of the Council's achievements.

Apart from this the report follows the lines of those of previous years in its three fold object of being a record of the years work, a chapter in the District's social history, and a source of information on matters affecting health of the community even though these may not be controlled by the Council.

I am,

Mr. Chairman, Ladies and Gentlemen, Your obedient servant,

E. H. TOMLIN
MEDICAL OFFICER OF HEALTH

The Council Offices, Leek Road, CHEADLE, Staffs.

Telephone—Cheadle 2157/8 Private Telephone—Leek 948

GENERAL INFORMATION

Chairman of the Rural District Council—Mr. J. Finnikin. Vice Chairman of the Rural District Council—Mr. J. M. Berresford. Clerk to the Council—Mr. H. W. Henson, Barrister at Law.

PUBLIC HEALTH COMMITTEE 1958

Chairman : Mr. S. E. Goodwin.

Members: Mrs. R. Berry, Mrs. H. M. Gardner, Mrs. M. K. Harris, Messrs: J. H. Aberley, W. A. Ashton, J. A. Berresford, J. M. Berresford, J. Brindley, T. P. Brindley, J. Byatt, R. L. Carr, P. Clowes, J. C. Cope, P. Cratchley, N. V. Critchlow, J. W. Crossley R. A. Evernden, W. Fanthom, J. Finnikin, F. R. Ford, A. E. Foreman, J. R. Goodwin, D. Heath, N. Heathcote, W. Jones, S. W. Lees, A. G. Maddicott, J. Moffatt, T. Mottram, P. O'Neill, H. L. Podmore, J. Price, W. Shelley, J. Shirley, J. H. Simcock, A. Smith, D. G. Spooner, W. H. Swinson, F. G. Taylor, W. C. Washburn, R. White, F. Winiams, T. H. Willis, S. Worsdale.

PUBLIC HEALTH STAFF

E. H. TOMLIN, M.D.Ch.B., D.P.H., Medical Officer of Health R. COMLEY, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector and Food Inspector.

D. N. DUNLOP, M. A. P. H. I., Public Health Inspector and Food Inspector

P. J. MAYERS M.A.P.H.I., Public Health Inspector and Food Inspector.

K. M. HAWKINS, Clerk.

H. E. MOSLEY, Rodent Operative.

STAFF: ENGINEER AND SURVEYOR'S DEPARTMENT

J. W. BURTON, M.I.S.E., M.R.S.H., Engineer and Surveyor.

M. E. MOORE, A.M.I.C.E, A.M.I.Mun.E, A.M.T.P.I, Deputy Engineer and Surveyor.

H. POINTON, Architectural and Town Planning Assistant. H. F. PARRINGTON, A.I.M.S., Town Planning Assistant.

R. E. CHATFIELD, A.M.I.MunE., Engineering Assistant.

A. GRANT, A.M.I.Mun.E., Engineering Assistant.

R. HENSHALL, H.N.C., Junior Engineering Assistant.

T. M. WALLER, Junior Engineering Assistant.

D. CRITCHLOW, Junior Engineering Assistant.

W. H. HOBSON, Clerk.

J. W. SHAW, Clerk.

E.LOWELL, Clerk.

S. E. SMITH, Shorthand Typist.

R. ROLLASON, Shorthand Typist.

M. REEVES, Shorthand Typist.

GENERAL STATISTICS

Area (in acres)		60,2	291
Registrar General's Estimate of population		36,2	290
Number of inhabited houses according to Rate Bo	ook	10,2	288
Rateable Value		£239,3	399
Sum represented by a penny rate £	E936	7s.	6d.

3. SOCIAL CONDITIONS IN THE AREA.

The year 1958 again showed a level of employment which can be regardd as satisfactory, and no sudden major changes occured which might be expected to influence the health and well being of the community.

Nevertheless some record seems required of problems not essentially those of 1958 alone, which will influence the communities way of life or well being. These problems all concerned the Council either directly or indirectly, and the Council showed itself aware of their importance.

SECONDARY SCHOOL PROVISION.

Although this is a responsibility of the County Education Authority the District Council is consulted as to matters such as siting of new Schools, and the District Council nominates its representatives as Governors.

The year 1958 was the first full year of working for the new Waterhouses Secondary Modern School. To those unfamiliar with the new conception of what a modern school is and does a visit to this school must be a revelation. Without wishing to appear presumptious I would venture to say that the high standard of the staff is an indication that with first class working surroundings people will be prepared and happy to live in a village comparatively remote from large towns.

The year also saw discussions and planning for another Modern School at Blythe Bridge and for a Technical Grammar School in Cheadle Town.

The need for this last is I think most important. While bus travelling from Cheadle to a Grammar School in Leek or Uttoxeter presents no great hardship inevitably at present a child's life tends to be split between home and school. It is a great disadvantage that parents should know little of a child's school and its teachers, as co-operation between school and home is essential if a child is to make the most of its opportunities.

An even greater disadvantage is that owing to distance friendships which might develop at school can not be followed up. A doctor prominent in the field of mental health has said that "a pal to whom one can take one's troubles is worth far more than a psychologist". With school and home in the same town such friendships can become close and permanent.

This additional secondary school provision has of course been called for by the post war "bulge" in the birth rate.

OPPORTUNITIES FOR EMPLOYMENT.

At present there is no great difficulty in finding employment for school leavers, but when in a few years time the children of "the bulge" come to leave school it seems certain that local industry will not be able to find places for all. The prospect of a couple of hundred young people each year being faced with insecurity and difficulty in finding employment at the outset of their working lives is alarming in the extreme.

The problem is, of course, not confined to Cheadle alone and it is to be hoped that with increased labour available increased industry will be able to utilise it. Our problem is whether we should become a "dormitory area" and hope employment will be available in the Potteries, or whether we should attempt to attract new industries into the Rural District.

The Council's views are shown by a decision that roadways and services are to be provided for an industrial site in Cheadle. It is possible that in the future the Council may have to make more difficult decisions, as undoubtedly the introduction of a new industry would be competing in the labour market with existing firms, and its key personnel would make additional demands on the district's housing.

Importation of new industry would not benefit those of the present generation so much as those of the future especially the bulge of school leavers.

TRANSPORT PROBLEMS

The increased ownership of private cars and their use amongst other purposes as a means of getting to work has produced problems for the Council to deal with during the year.

Increasing congestion in the Cheadle High Street has led the Council to take steps towards the provision of a centrally sited car park in Cheadle.

The garage accommodation problems of the private owner have been helped by the Council's policy with the building of six

garages in Blythe Bridge and consideration of a further nine, and by the preparation of an area of hard standing on which tenants of the Cheadle (Attlee Road) Estate can erect their own garages of an approved type.

Curtailment of public bus services, in part due to increasing use of private transport to get to work has been of concern to the Council, and any proposed reduction has been enquired into most

closely.

These transport problems must, indirectly, affect the community's health and well being. As stated in my first report to the Council in 1949 "travelling time" must be added to "working time" before we get the true amount of time necessary for rest and relaxation. Also, and more important travelling expenses decrease the available family income. We again return to the desirability of work near home, and planning for both industry and housing to go together.

VOLUNTARY BODIES AND THE DISTRICT'S HEALTH.

In 1956 I reported the formation of a Club for the Hard of Hearing, and regret having to report that this club is no longer in being owing to poor numbers of deaf persons attending.

In 1958 however the North Staffs. Council for Social Service established a Handicapped Persons Club which meets regularly and

is well supported.

Another body which came into being was the Cheadle Swimming Baths Supporters Committee. This has as its objective the furtherance of the project of a swimming bath in Cheadle and raising of money towards a bath. The project has met with individual opposition on the grounds that it will be uneconomic and of service only to a small part of the community. These same criticisms could of course be made against almost all pastimes and cultural activities. Individual statements have been made that all swimming baths lose money. If this is true I would suggest it is evidence that hundreds of local authorities consider the benefits of swimming are sufficient to justify them in keeping their baths open.

Swimming, if properly learnt, is above all other forms of exercise suited to keeping a good balanced muscle development. The swimming bath is of first importance in the rehabilitation of the

badly crippled polio case.

I am glad the Cheadle Council is prepared to hear the proposals of the Swimming Bath Supporters Committee.

PERSONS IN NEED OF CARE AND ATTENTION.

No action was called for under Section 47 of the National Assistance Act in order to secure the compulsory removal to hospital or other place of safety of persons in need of care and attention.

The form in which these statistics are set out has in accordance with Ministry of Health Circular 22/58 been altered slightly from that adopted in recent years.

Table I comprises statistics supplied by the Registrar General and

rates based there-on.

Table II lists deaths from specific causes.

Table III shows notifications of Infectious Deseases

TABLE I

Rates for England and Wales Population (midyear estimate)	М	F	Cheadle Rate or Total 36290
Live Births	299	277	576
*Live Births rate per 1,000 population Still Births	11	4	17.6 15
21.6 Still Birth rate per 1,000 live and still births			
Infant deaths (under 1 year) 22.5 Infant mortality rate per 1,000 live	6	6	12.
22.5 Infant mortality rate per 1,000 live births. (Total)			20.8
Infant mortality rate for 1,000 live births (Legitimate)			20.8
Infant mortality rate for 1,000 live (Illegitimate)			Nil
Neo-natal mortality rate for 1,000 live births.	5	6	19.2
Illegitimate live births per cent of total live birhts	11 .21	imenin	2.7
Maternal deaths (including abortion)	died	anima	Nil
Maternal mortality rate for 1,000 live and still births	odubi		Nil
Deaths at all ages	264	234	498
11.7 *Death rate per 1,000 of population		ME	11.3
*Registrar Generals Comparability Factors used in estimation of this rate-Births 1.03 Deaths 0.83.		itos o	M mutrice A s to lette

DEATHS FROM SPECIFIC DISEASESMaleFemaleRespiratory Tuberculosis40Cancer of Stomach310Cancer of Lung212Cancer of breast55Cancer of uterus21Cancer of other sites2217Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis10Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93Suicide30	TIDDE II		
Respiratory Tuberculosis Cancer of Stomach Cancer of Lung Cancer of breast Cancer of breast Cancer of uterus Cancer of other sites Cancer of breast Cancer of other sites Cancer of other days Cancer of other sites Cancer of other sites Cancer of uterus Cancer of other days Cancer of uterus Cancer of ut	DEATHS FROM SPECIFIC DISEASES	Male	Female
Cancer of Lung212Cancer of breast5Cancer of uterus2Cancer of other sites2217Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Respiratory Tuberculosis		
Cancer of Lung212Cancer of breast5Cancer of uterus2Cancer of other sites2217Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Cancer of Stomach	3	10
Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93		21	
Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Cancer of breast		5
Leukaemia11Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Cancer of uterus		2
Diabetes20Strokes etc.2939Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Cancer of other sites	22	17
Strokes etc. 29 39 Coronary heart disease and angina 40 24 Other heart diseases 55 73 Influenza 3 1 Pneumonia 6 3 Bronchitis 7 4 Other respiratory diseases 3 1 Ulcer of stomach etc. 4 2 Gastritis, enteritis and diarrhoea 2 0 Nephritis 1 1 Other forms of Tuberculosis 2 0 Syphilis 1 0 Acute Poliomylitis 1 0 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3	Leukaemia	1	1
Coronary heart disease and angina4024Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Diabetes		0
Other heart diseases5573Influenza31Pneumonia63Bronchitis74Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Strokes etc.	29	39
Influenza Pneumonia Bronchitis Other respiratory diseases Ulcer of stomach etc. Gastritis, enteritis and diarrhoea Nephritis Other forms of Tuberculosis Syphilis Acute Poliomylitis Enlargement of prostate Pregnancy, abortion and childbirth Congential malformations Motor Accidents All other accidents 3 1 1 2 4 2 0 1 1 1 0 1 0 0 1 1 0 0 0 0 0 0 0 0 0		40	24
Pneumonia Bronchitis Other respiratory diseases Ulcer of stomach etc. Gastritis, enteritis and diarrhoea Nephritis Other forms of Tuberculosis Syphilis Acute Poliomylitis Enlargement of prostate Pregnancy, abortion and childbirth Congential malformations Motor Accidents All other accidents 6 3 3 1 4 2 0 1 1 1 0 1 0 1 0 1 0 1 0 0	Other heart diseases	55	73
Bronchitis 7 4 Other respiratory diseases 3 1 Ulcer of stomach etc. 4 2 Gastritis, enteritis and diarrhoea 2 0 Nephritis 1 1 Other forms of Tuberculosis 2 0 Syphilis 1 0 Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3	Influenza	3	1
Other respiratory diseases31Ulcer of stomach etc.42Gastritis, enteritis and diarrhoea20Nephritis11Other forms of Tuberculosis20Syphilis10Acute Poliomylitis01Enlargement of prostate60Pregnancy, abortion and childbirth00Congential malformations23Motor Accidents50All other accidents93	Pneumonia		
Ulcer of stomach etc. Gastritis, enteritis and diarrhoea Nephritis Other forms of Tuberculosis Syphilis Acute Poliomylitis Enlargement of prostate Pregnancy, abortion and childbirth Congential malformations Motor Accidents All other accidents 9 3		7	4
Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3		3	
Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3		4	2
Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3	Gastritis, enteritis and diarrhoea	2	0
Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3		1	1
Acute Poliomylitis 0 1 Enlargement of prostate 6 0 Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3	Other forms of Tuberculosis	2	0
Enlargement of prostate Pregnancy, abortion and childbirth Congential malformations Motor Accidents All other accidents 6 0 2 3 Motor Accidents 5 0 3			0
Pregnancy, abortion and childbirth 0 0 Congential malformations 2 3 Motor Accidents 5 0 All other accidents 9 3			1
Congential malformations23Motor Accidents50All other accidents93			0
All other accidents 9 3			0
All other accidents 9 3	Congential malformations	2	
		5	
Suicide 3 0		9	
	Suicide	3	0

COMMENT ON THE 1958 VITAL STATISTICS

There was a slight increase in the general birth rate and a slight decrease in the general death rate as compared with 1957 and in each case the rates were better than the average for the country as a whole.

The infant mortality rate (deaths of infants under one year) was slightly better than that of the country as a whole, but not quite so good as in previous years. This rate was at one time regarded as reflecting the general healthiness of living conditions, but it is nowadays increasingly becoming more indicative of antenatal well being of the mother rather than the post natal environment of the child.

The still-birth rate however was slightly worse than that of the country as a whole, but the small numbers involved do not allow any great significance to be given to this.

For the second successive year we have a maternal mortality

rate of Nil.

In general the vital statistics seem satisfactory.

REVIEW OF AGES AT DEATH 1958, AND COMPARISON WITH 1950

	Under						65	
	at ages 1	1-4	5-14	15-24 7	25-44 14	45-64 138	and on	Total 498
1950	.14	4	3	3	18	73	190	304

In 1958 only 7% of our deaths were in people under 45 years of age and in 1950 14% were under 45.

Of the twelve deaths under one year eleven occured in the first month of life, and it would seen that having overcome the hazards of entry into life there is little fear of death from disease until well past the half century.

CHANGES IN THE PAST TEN YEARS.

The following changes which will affect us now and in the future may be noted.

First our population has risen from 32,340 in mid 1949 to 36,290 in mid 1958.

Secondly, a birth rate of over 21 per 1,000 after the war produced the so called 'bulge' of youth which required extra primary school accommodation, which is now requiring extra secondary school accommodation, and which in the future will require extra places in employment. This rate steadily fell to just over 14.25 per 1,000 in 1954, and we began to think of a future with a large preponderance of the elderly. Surprisingly from 1955 onwards the birth rate has, instead of declining further, risen to 17.8 per 1,000 in 1958. It is to be hoped this rise indicates a state of social well being and confidence in the future which will continue.

5. PREVENTION AND CONTROL OF DISEASE

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES in 1958

The year was remarkable, almost unbelievably so, for the low incidence of measles and the complete absence of notification of whooping cough.

Measles has always shown a considerable variation. Since 1950 the numbers each year had been approximately 460, 300, 320,

210, 730, 80, 120 and 836. In 1958 they were only 16. It is understandable that after an epidemic in one year there will be few susceptibles in the next, but even so the small incidence came as a surprise.

In the case of whooping cough the surprise was even greater. We have averaged about 90 cases a year, with a previous highest of 180 in 1950 and lowest of 25 in 1952. In 1957 we had 80 cases. In 1958 no case at all was notified. Unlike measles which is usually easily recognizable the mild case of whooping cough is very hard to diagnose, and the increasing amount of immunisation against this disease makes it probable we are getting more mild "undiagnosable" cases, and consequently less notifications. Nevertheless it is most encouraging to find such a state of affairs.

Limited outbreaks of dysentery and poliomyelitis are described below, and in general the incidence of notifiable infections was low.

Table III gives the numbers occuring.

Dysentery in Blythe Bridge, Tean and Caverswali

In February it became apparent that a number of diarrhoea cases were in fact due to Sonne Dysentery. In my report for 1956 I described how it had proved possible by stringent bacteriological control to confine a dysentery out-break to the one village at Checkley but with this outbreak no such course was possible. The cases were relatively few in number but were scattered in the villages of Blythe Bridge and Tean, adults had been infected as well as children to quite a considerable extent, a number of schools were involved, and the cases had been appearing for some time.

In 1956 the reservoir of infection was in the children of one school, but in 1958 it seemed we might have a number of unrecognised adult carriers to contend with, and the problem was one of constant supervision of schools in order to prevent any flare up. Six schools or departments were concerned, and these were visited as and when cases occured. Notified cases were visited at their homes. The exchange of information enabled a reasonable policy of school exclusion to be followed.

In most schools it proved possible to avoid any serious outbreak, but in one Infants Department the unsatisfactory sanitation of the temporary premises being occupied resulted in the disease getting out of hand and the department having to be closed.

In contrast another Infants Department in an old fashioned school premises rather to my surprise managed to keep its infection down to odd cases and here I am sure all credit must be given to the head-teacher for enforcing good sanitary practice in difficult bonditions. After three months of this supervision it became apparent that the outbreak was at an end, with a total of only 37 notified cases.

	Scarlet	Fever	Whoopin	g Cough	Poliomyeli Pa	tis ralytic
Numbers originally notified (all ages)	M. 18	F. 24	M	F	М.	F. 3
Final numbers after correction Under	1000000	0.000	A ID OR	- 44	CEL III	
1						
1			11		(1
3	vilian)	1 2		Tableson.		
4		2 5		00 mm		
5—9	16	14			;	
10—14	2	1				2
25 and over						
Age unknown	1100		ob section	1130.5		
Total (all ages)	18	24				4
Dawsen		imonia	Erysi	pelas	Poiso	
at a marrier of dearthoon	M.	F.	M.	F.	M.	F.
Numbers originally notified	4	4	1	inless or	10 CX 10	3
Final numbers after correction	- ART 1330		1000	MOS - DO	1000000	-
Ages—	O) ASSIG	A LINE ALE	mosyn a g	MILITON C	Longers	
Uuder 5		.:		HO. MEN		
5—14	1	2		111 -101	3/11.000	2
45—64	î			mer. bu	111111	
65 and over		1	1	50		1
Age unknown	4	4	i			3
Total (all ages)	**	4	1			3
TUBERCULOSIS	Respi	ratory	Meninge	s C.N.S.	Oth	ers
10221002000	M.	F.	M.	F.	M.	F.
Numbers originally notified Total (all ages)	5	2	1	do	2	3
Final numbers after correction	IOW. In	ASSESSED 18	CONT NOW	or book a	S Same	
Under 5	1	lu ; mai	100	T som	1200	
5-14	bei	1	CUCTONIO	loodos 1	o cijor	1
25-44	3					2
45-64					: 1	
65 and over			.:		1	
Total (all ages	5	2	1		2	3
	Name and Park		A STATE OF THE PARTY OF		diame.	

Poliomyelitis Non-paralytic	Measles (excluding ru		Dysentery	Mening Infectio	ococcal
M. F. 4	M	F. M. 17	F. 20	M. 1	F
2	3 2 2 	1 1 1 1 2 2 2 10 17	1 10 1 8 20	1 	
	The second of th		STATE OF THE PARTY	or or stands on the stands on the stands of	
vistor act nine qua allo qualitati anogena readingilla	toes and re- toes brong to be		tadi tadi debesia i	AL-M TO OCCUPANT CONTRACT CONT	amirol boog or bo sudat boog or crudat book or crud
	heen the sale of t	eva or be		to two S	

POLIOMYELITIS

Considerable interest was focused on an outbreak in Water-houses owing to the facts that it was almost the first of the year in the whole country, that for the size of the population there were a large number of cases, that there was a multiplicity of cases in two of the affected house-holds and that the localisation of the outbreak allowed very full enquiry into local circumstances and movements.

Retrospectively the sequence of events appear in all proba-

bility to have been as follows:-

About 4th June a boy became mildly ill, was away from school. He was not sufficiently ill to warrant calling in a doctor, and indeed even had one been called it is unlikely a diagnosis would have been made. Neverthless it seems probable this was the original case.

It is to be presumed that infection spread from this case to five children at Waterfall School and to two older children from the secondary school who had played with the original case and also that two children from Waterfall School who were not ill carried the infection back to their homes.

In all nine cases occured in the outbreak, with two cases seriously

paralysed and one death.

Full reports were made to the Council and to the Ministry of Health. The only consolation that can be drawn from this small tragedy is that it tended to show how poor facilities for hygiene can cause an unexpectedly heavy incidence, and from this it is manifest that good personal hygiene can do much to limit the

spread of this disease.

By way of contrast it is noteworthy to record that the only other case was an isolated one in Cheadle. Although at the time of her maximum infectivity this girl had attended a large public meeting no secondary cases occured. Whether this was due solely to good fortune or to the fact that the girl had been brought up with good habits of hygiene I cannot say. I cannot but help feeling we are very much at the mercy of others and there is a great responsibility on parents to see that clean habits become automatic to their children.

Other outbreaks of infection in schools

Epidemic vomiting appeared to have been the cause of illness affecting 22 out of 52 children at Whiston School and 2 out of 3 adults.

The cases appeared between 28th February and 12th March with most (nine cases) on 5th March. Here again we had what is presumably an intestinal infection appearing at a school with poor sanitation.

Oakamoor School was troubled with a series of sporadic cases of scarlet fever between September and December. Six cases occured, of which five were notified out of a total of sixty children.

TUBERCULOSIS

Thirteen male and three female cases of pulmonary tuberculosis were notified during 1958, and two male and three female cases of non-pulmonary tuberculosis.

Of the sixteen notified pulmonary cases six were found in

children of school age or under.

There were foud deaths from pulmonary tuberculosis and two from other forms of the disease.

ACCIDENTS.

There were five deaths frm motor accidents and twelve from all other accidents.

While Cheadle has its Road Safety Committee it is still without a Home Safety Committee, which I regret as I think such a Committee could do useful work. One has to think and talk about a problem before taking action to deal with it, especially if the action is not very obvious.

PHEVENTIVE INOCULATIONS DIPHTHERIA IMMUNISATIONS.

The number of primary innoculations in 1958 was 349 and the number of reinforcements was 95, a position little changed from the previous year and not at all satisfactory.

WHOOPING COUGH INNOCULATION.

The number of childern vaccinated in 1958 again increased with 359 as against 307 in 1957.

VACCINATION AGAINST SMALL-POX.

I regret that figures given in my 1957 report for small-pox vaccinations were incorrect. Ammended figures for 1957 and figures for 1958 are as follows:—

Primary vaccinations in infants under one year	1958	 80
	1957	
Total primary vaccinations	1958	 184
consistent deligates attended a final Section	1957	
Re-vaccinations	1958	 28
	1957	

Vaccinations of adults and older children are often compulsory before travel over-seas, and it is the number of primary infant vaccinations which is to be taken as an indication of the extent to which the public accepts this safeguard. In 1958 both diphtheria and smallpox are in the opinion of most people equally remote threats, but while 61 per cent. of our infants were protected against diphtheria, only 14 per cent. were protected against smallpox.

Smallpox vaccination is more troublesome to get done than diphtheria inoculation, and requires some supervision afterwards, but as I wrote in my 1956 report it is perhaps the most valuable of all the protective inoculations and the one I woud put first where my own personal safety and life were concerned.

VACCINATION AGAINST POLIOMYELITIS

Developments here during 1958 were most noteworthy. Last year I reported that we had 1,291 children up to age of eleven protected.

In 1958, the Government agreed to the use of American and Canadian vaccine, and our own production was increased. Vaccination was extended first to children up to fifteen, and at the end of the year to young people up to twenty five years and to expectant mothers.

Exact figures are not yet available to me for the Rural District, but I believe that at the year end the number protected had risen to about 5,000. It is perhaps rashly optimistic to suggest it, but in my opinion we have reached a level of protection which may have some influence on the development of outbreaks of polio. We must, of course, wait to see whether this occurs and in the mean time we must seek to get still more people protected. There is as yet no evidence to suggest that the danger of contracting infection is less than before.

RADIATION RISKS

I am glad to be able to report that the Council is aware of the danger of radiation which may have to be faced in the future. The report of Sir Alexander Fleck on the inquiry into the Winscale Disaster was considered, delegates attended a Royal Society of Health Meeting in Wolverhampton on Radiation Hazards, and local enquiries were made to see what assistance in Radiation Monitoring could be obtained from the Civil Defence Corps and from the Local Air Ministry establishment in case of need.

I regret having to report that in spite of this we have no clear picture of what part we would play in the event of a radiation hazard arising in the rural district.

CIVIL DEFENCE IN THE RURAL DISTRICT

In the event of war we would be presented with a multiplicity of health problems quite apart from any direct threat to life or limb.

Evacuation, either spontaneous or controlled, would bring risks of spread of infection and possible demands for disinfestation.

Emergency feeding centres and provision of shelter would bring the need for improvised sanitary arrangments and supervision.

Billeting would present problems in child care.

Disorganisation of food supplies would call for closer supervision of food-stuffs and food hygiene.

Food shortages might present problems of nutrition.

"Shelter Life" has its own problems of sanitation and disease prevention.

With the possibility of our normal population being doubled by evacuees our normally adequate environmental services, including water supplies and refuse collection might be strained to the point of break-down.

All such matters are the concern of the Health Department, so it is manifested that the Medical Officer of Health should give what assistance he can to his local authority in the recruitment and training of the Civil Defence Corps Volunteers, for it is the object of the Civile Defence Corps not only to deal with bombs but to help in the care of the homeless, the reception and provision for evacuees, emergency feeding, and many other matters. Most of all the Civil Defence Corps would help to maintain moral so that people would co-operate with those trying to help them.

Civil Defence is therefore I feel entitled to a place in this report but in giving it one I must make it plain that my comment is given not as a member or official of the Corps, but as the personal opinion of one who is outside it but who might become closely linked up with it.

Civil Defence in the Cheadle Rural District as in many other parts of the country has been faced with public apathy and lack of recruits. This I feel is because it is only after joining the Corps that one learns what can be done, how it is to be done, and how vital is its doing.

I am glad to feel that we have got a Welfare Section which could do a real job of work, but I feel the other sections of the Corps locally are very much skeletons.

However, work with a Public Health back ground has shown me that time and persistence are needed to influence public opinion, and there are signs that the persistence in the past of the Councils Civil Defence Committee Chairman is beginning to show results. In 1958 I think that the Council gave far more time than in any previous year to discussion of Civil Defence matters, and that a far smaller proportion of members regarded its problems as beyond solution. This increase in interest, or decrease in apathy, among the Council members might well, with a little help, spread to the whole community.

In 1958 too, the Council decided jointly with Uttoxeter Urban and Rural District Council to appoint a full time Civil Defence Officer, and it is to be noped that the gentlemen appointed will be able to stimulate more interest and understanding of the vital part that Civil Defence might play not only in maintaining health and well being but in preventing avoidable deaths which might be expected following a major atomic explosion in an unprepared community.

DENTAL DISEASE

In 1956 we found our water supplies contained considerable less natural fluoride salts than are according to informed medical and

dental opinion required to minimise dental caries.

The Council reasonably decided to await direction or advice from the Ministry of Health regarding addition of fluoride salts to their drinking water supplies. This advice was dependent on trials going on elsewhere.

I am disappointed that we have had no central encouragement

to initiate fluoridation in our district. The trials go on.

No doubt the Ministry of Health wishes to get the strongest possible evidence of the efficacy of fluoridation and its freedom from danger before issuing any general advocacy of the progress. There is in this and other countries a strong section of the public which is against fluoridation.

But if we are only waiting to establish the absence of ill effects from flouridation surely we can find this evidence in communities which have a naturally high fluoride content in their

water.

The village of Stanton just outside our boundary has, I believe, naturally got four times as much flouride in its drinking water as it is suggested would be needed to give us good teeth, and I have not heard it suggested that the people of Stanton are in danger of being poisoned by their water supply. I have however heard that their children are singularly free from dental caries.

6. GENERAL PROVISION OF HEALTH SERVICES

Details of the available services were given fully in my reports for 1949 and 1956, and outlined in my report for 1957. No major changes occured during 1958.

The Minister of Health in his Circular 22/58 has expressed a wish that this report should contain a brief general review of how in the first ten years of the National Health Service the local health services have functioned in the wider setting of the National Health Service generally.

It would seem that this would mainly be of concern to those local authorities which are local Health Authorities rather than local Sanitary Authorities, but the local sanitary authorities would seem to be involved in a few matters which are touched on below.

(1) INFECTIOUS DISEASES

Information on infectious diseases has been submitted by general practitioners and by the local hospitals in a satisfactory manner.

There has been no difficulty in obtaining hospitalisaton of infectous disease cases where this was required on medical or social grounds.

On the other hand I have no knowledge of what steps, if any, the Local Management Committees have taken to supplement the Ministerial suggestion (H.M.C. (53) 36) that local Medical Officers of Health be co-opted to hospital committees to review internal arrangements on matters such as ward design and usage, cooking, cleaning, staff health checks, etc., which are necessary to lessen the likelihood of infection taking place and spreading inside a hospital.

(ii) TUBERCULOSIS

Here the Ministry's decision that the District Medical Officer of Health need no longer mantain a Tuberculosis Case Register seemed an indication that he was no longer to play the part he did formerly in the control of this disease. In spite of this the former system of intelligence between District Medical Officer, County Medical Officer, Chest Physician and Hospital Superintendents has been kept up and the Tuberculosis Case Register is still in being. The closure of the ill equipped Tuberculosis Dispensary at Cheadle was perhaps no bad thing, but it resulted in loss of personal contact between District Medical Officer and Chest Physician and Tuberculosis Health Visitor.

Although liaison does not seem so close as in the past it cannot be denied that the Tuberculosis Service is getting good results

(iii) THE CHRONIC SICK

As in many other parts of the country hospitalisation of needy cases is not obtained as promptly as could be desired by those who see the cases in their homes.

The Institution of a Bed Bureau and later the appointment of a Consultant Geriatrician have done much to making the best use of chronic sick beds, but there would seem to be a great need for the "half way house" between hospital ward under the Regional Board and Old Persons Homes under the Local Welfare Authority.

The practice of calling for a pre-admission social report from Health Visitors and the fact that the District Medical Officer of Health is also Medical Officer to the County Area Health Committee which administers the day working of the Health Visiting services has allowed a very close appreciation of the position of the chronic sick.

(iv) LIAISON WITH THE LOCAL HEALTH AUTHORITY

As indicated by the preceding paragraph the dual role of the

Medical Officer of Health has been of great benefit.

Also we have been fortunate in having not only representation of the District Council on the County Area Health Committee but of having supplied for most of the time its Chairman and Vice-Chairman. The Committee is concerned with all services administered by the County Council under the National Health Service Act.

(v) LIAISON WITH THE LOCAL EXECUTIVE COUNCIL

Here we have no official liaison whatsoever, either medical or lay. Its absence does not appear to have been any handicap, and it is hard to visualise where it might be of use. In the ten years the only obvious problem was one of provision of a Chemists Shop in one village.

7. FOOD AND NUTRITION.

In my reports of the past two years I wrote at some length on the factors contributing to our diet, such as economy and food prices, commercial advertising, new methods of food preservation, habit and custom. I wrote of the part that is played by the central government, by the County Council and by the District Council to ensure that a good diet is available and adopted, and that foods are good and reasonably priced.

Coming to this years report I find there is little to comment on. Indeed the District Council's part in securing a good diet although time consuming is only a small one in the whole and therefore its results will not be reflected in the state of the communities

nutrition, which to start off with is excellent.

Nevertheless the Council has discharged its obligations in maintaining a 100% inspection of meat at the slaughterhouses.

Inspections of food premises to secure compliance with the Food Hygiene Regulations were made. In 95 inspections defects were found in ten cases, and these were remedied after serving of informal notices.

No prosecutions were taken under these Regulations.

Receipt of adverse reports on milk samples have again shown the trend to be in the direction of safer and cleaner milk.

Samples	tested for Tuberculosis	 	189
Samples	proved to be infected	 	3
Samples	tested for general cleanliness	 	327
Samples	not found to be satisfactory	 	25

CHANGES IN THE PAST TEN YEARS.

(i) MILK PRODUCTION

As a Dairy farming district perhaps the most important change is that which followed on the Milk and Dairies Regulations of 1949. These Regulations placed the onus of inspection of dairyherds and premises of producer retailers on the Ministry of Agriculture, Fisheries and Food. Sampling of Milk was undertaken by the County Council. Examination of samples was undertaken by the Ministry or Healths Public Laboratory Service.

The District Council retained responsibility for taking action to stop the sale of infected milk, or potentially infected milk, and for the inspection of dairies other than those of producer-retailers. It seemed that the diversity of responsibilities for supervision of the milk industry called for a considerable degree of liaison.

I am glad to be able to report that my fears of 1950 have proved groundless.

(ii) MEALS IN SCHOOLS

Hot meals are now provided in nearly all schools in this district either from kitchens built in the schools or by distribution from central kitchens.

The Education Authority's School Meals Service is a most valuable contribution to the children's well being, and the kitchens provided in some of the older poorly designed schools are triumphs of design.

(iii) THE SLAUGHTERHOUSES

During the war no animal slaughtering was done in the rural district except at the Cheddleton Mental Hospital.

We have now nineteen licenced slaughterhouses of reasonable standard and a 100% inspection of animals slaughtered.

For this we have to thank both butchers and our Public Health Inspectors for their co-operation.

(iv) FOOD SHOPS

Public demand for clean food and the sales value of well lighted goods protected by glass shelving having changed the appearance of many of our food shops, and the Food Hygiene Regulations allow us to ask for further improvements. In the past ten years some of our village stores have taken on a "new look" which makes them unrecognisable and potentially much cleaner.

We are also seeing the arrival of deep freeze storage in the smaller shops.

8. WATER SUPPLIES

EVENTS OF 1958

As regards new works progress towards a new major water source (the Sheepwash bore-hole) and the Bottomhouses water distribution scheme remained in the preparatory stages. Details are given in the Surveyor's Report.

Short water main extensions were provided to meet the needs of new housing estates mainly in Weston Coyney and Werrington.

The existing services gave rise to no major anxieties, although on one occasion it was found that the desired bacteriological standards were not being attained. This was quickly remedied following the detection of a mechanical defect in the chlorinating apparatus and the draining out of a storage reservoir.

The usual tables of water analysis etc., are shown below.

During the year no further developments occured in regard to the Ministry's proposals for amalgamation of water suppliers to form a joint North East Staffordshire Water Board.

CHANGES IN THE PAST TEN YEARS

These are far from obvious, but it is an indisputable fact that the consumption of water supplied by the Council in the ten years has increased by almost 70 per cent.

In my first report for 1949 the average amount of water pumped each day was 417,678 gallons. In this report for 1958 it was 702,346 gallons.

The increase can I think entirely be accounted for by the increased proportion of houses, schools, farms and workplaces with a piped water supply and in many cases water borne sanitation.

If water is there it will be used.

	9.			
	of Properties water laid			
ALTON	354	5	66	
CAVERSWALL	2,445		36	2 1
CHEADLE	2,346	1 1	68	
CHECKLEY	744	5	63	
CHEDDLETON	1,032	100	7	1 1
CONSALL	27	5	0	
COTTON	74		1	
DILHORNE	140		28	1
DRAYCOTT	255	2	4	and but
FARLEY	34	1 , 3 =	0	
FORSBROOK	764		14	
IPSTONES	346		18	
KINGSLEY	729		13	
OAKAMOOR	158		34	1
WATERHOUSES	278		7	
TOTALS	9,728		359	1/1

CHEMICAL ANALYSIS OF WATER

Injurious Metallic contam- ination	Total solids dried at 212°F Free and Saline Ammonia Albuminoid Ammonia Nitric Nitrogen Chlorine
Nil 6.4	Alton 16.0 Nil Nil Nil 0.2 2.1 0.0017 Clear and Colourless
Iron-0.01 6.6	Cauldon 13.0 0.0016 0.0016 Nii 1.6 0.008 Clear and Colourless
Nii 7.0	Cheadle 32.0 Nil Nil 0.85 1.4 Nil Colourless
Iron-0.01	lpstones Foxt 14.0 Nil Nil 0.20 1.6 Nil Clear and Colourless
6.9	Kingsley 23.0 Nil Nil 0.70 1.80 Nil No Colour
NI 7.1	Tean 26.0 0.0004 Nil 0.30 2.15 Nil No Colour
NEI 6.4	Werrington 21.0 Nil Nil 0.50 2.0 Nil Clear and Colourless
7.2	Potteries Water Bd. 30.0 0.0004 Nil 0.25 1.6 Nil Clear and Colourless

BACTERIOLOGICAL EXAMINATION - WATER SAMPLES 1957.

	Probable number of faecal coli	Probable number coliform bacilli, MacConkey 2 days 37 deg. C	
-	1	16	Alton
1	ı	I	Cauldon
	1	1 8	Cheadle
	1	1	Ipstones Foxt
	1	1	Kingsley
	1	1	Tean
	1	1	Werrington
	1	1	Staffs Potteries Water Bd.

EVENTS OF 1958

The year saw completion of new sewers and the disposal works for Kingsley Holt, the commencement of work on the Ipstones Sewerage Scheme, and the commencement of an internal drainage scheme for the Caverswall Wood area. Details are given in the Surveyors's Report.

The year also was the first one in which night soil and household refuse collection was undertaken in every parish by direct

labour rather than by contract.

Street cleanliness was furthered by the provision and periodic clearing of 74 litter baskets.

The progress of closet conversion continued at a satisfactory rate, with 67 converted to water flushed system.

CHANGES IN THE PAST TEN YEARS

As in the case of water supply the changes are not readily apparent.

The year 1950 with the completion of the Hobhouse Rural Housing Survey showed 60 per cent of the houses having water

closets, that is just over 5,000 houses.

With 2,200 new houses and 500 houses with closet conversions it can now be estimated we have 75 per cent of our houses with water borne sanitation.

To deal with this the Council has in the past ten years, built small sewerage disposal works at Kingsley and Kingsley Holt, and at Tithe Barn, Alton. Smaller disposal plant has been installed to deal with new housing developement at Whiston, Waterhouses, Farley, Foxt and Dilhorne. Schemes have been put into effect for the internal drainage of Blythe Bridge, Caverswall etc., and for the internal drainage of Kingsley, Kingsley Holt. Sewer extensions have been laid to enlarge the area served at Ipstones, Tean, Weston Coyney, Wetley Rocks, Cheddelton and Brookhouse Lane, Bucknall.

10. HOUSING

EVENTS OF 1958

In contrast to the earlier post war years the building of new houses was largely left to private enterprise. Of a total of 198 houses completed in the year only four were built by the Council

In the autumn building activity re-appeared in development of the Council's Cheadle (Tean Road) Site which with a space for 84 dwellings will allow the commencement of a programme of clearance of sub-standard houses.

Details of new works are given in the Surveyor's Report and details of grant aided improvements (36), of houses repaired (83) and of houses closed or demolished (18) are given in the Chief PublicHealth Inspector's Report.

CHANGES IN THE PAST TEN YEARS

In my first visit to Cheadle in 1949 I travelled into Cheadle through Tear and then out to Hanley through Werrington. The impression gained was very different from what one would get on this journey today.

In the ten years up to 31st December, 1958 a total of 2,243 new dwellings had been completed, 886 by the Council, 953 by private enterprise and 404 by the Coal Board Housing Association. At the end of 1948 we had 8,543 inhabited housing and by the end of 1958 we had 10,288

In size of house and surrounding space, in the facilities provided and in the planned layouts the new estates have made our older houses look much less attractive. In effect the new houses are setting a standard by which we judge the old ones.

11. REPORT OF CHIEF PUBLIC HEALTH INSPECTOR.

I have pleasure in submitting my report for the year 1958.

Once again I must state that the activities of my department have been hindered by staffing difficulties, Mr. B. R. Nagle, Additional Public health Inspector left the employment of the Council on 31st March, 1958 and Mr. P. J. Mayers was appointed to fill the vacancy on 1st October, 1958

Changes of staff and periods when full staff is not employed bring about considerable upset in a department with a small staff, in departments with the larger staffs such conditions do not have such obvious results.

PUBLIC HEALTH ACT, 1936. REPAIR OF HOUSES.

Through action of my department 83 houses have been repaired, this has been brought about by informal action in 73 cases and formal action in 10 cases.

HOUSING ACT, 1957. DEMOLITION.

This year has seen the commencement of the Council's Slum Clearence Programme, Demolition Orders have been made in respect of fifteen houses and three houses have been closed.

HOUSING (FINANCIAL PROVISIONS) ACT, 1958.

IMPROVEMENT GRANTS.

The number of applications for grants has remained around the same as for recent years.

Number of applications	45
Number of applications approved	36
Number of dwellings resulting	36
Amount of grant offered	£8,392 0s. 0d.

This is an average of £233 per dwelling compared with £235 for 1957.

Since the commencement of the Scheme in 1949 grants have been offered for 159 houses. The total costs £80,847 with £36,520 grant approved.

RENT ACT, 1957

The Number of applications for Certificate of Disrepair was only 11. This makes a total of only 32 since the Act came into operation, not nearly the number expected.

Applications for Certificates of Disrepair	11
Certificates issued	11
Undertakings given by Landlord	3
Applications for revocation	1

PUBLIC HEALTH ACT, 1936—SECTION 47

67 privies have been replaced by water closets a reduction on the number for last year.

Number of conversions carried out by owners	59
Amount of grants made	£998-6s-6d
Average cost per conversion	£33-16s-10d
Number of conversions carried out by Local	Authority

Cost of conversions

£183-8s-5d

Average cost per conversion

£22-18s-6d

It is interesting to note that since 1949 more that 500 privies or pail closets have been replaced by water closets.

REHOUSING

Although only four new houses have been built this year 37 houses have been re-let.

Towards the end of the year I provided the Council with a comprehensive report on all applicants for Council houses, a total of 380

Number of houses occupied during the year	4
Number of persons rehoused	16
Number of persons housed per dwelling	4
Number of lodger applications reported on	47
Number of house exchange applications	9
Number of houses re-let during the year	37

FOOD INSPECTION

Despite the staff difficulties, the department maintained 100 per cent. inspection of all animals killed at the 19 slaughterhouses in the District.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

THE RESERVE TO SERVE THE PARTY OF THE PARTY			The same of		
State was formed to see	Cattle excluding Cows	Cows	Calves	Shee and Lambs	Pigs
Number Killed Number Inspected	1089 1089	1127 1127	1643 1643		2568 2568
ALL DISEASES EXCEPT TUBERCULOSIS AND					
CYSTICERCOSIS Whole Carcases condemned Carcases of which some	· · ·		2	1	1
part or organ was condem- ned	109	241	4	458	25
disease other than Tuber- culosis or Cysticercosis	10%	21.3	0.24	5.4	2.0
TUBERCULOSIS ONLY Whole Carcases condemned Carcases of which some	Do bornio	a anoni abane	1	10 795 10 795 10 795	Number Number Number
part or organ was con- demned	79	274	4		135
Tuberculosis	7.2	24.3	0.3		5.25
CYSTICERCOSIS Carcases of which some					
part or organ was con- demned	13	27			
treatment by refrigeration. Generalised Cysticercosis and Carcases totally con-	3	3			
demned					

DETAILS OF MISCELLANEOUS FOOD SURRENDERED

- 1 Case, 56 lbs. Currants.
- 1 Stone of Conger Eel.
 - 1 Tin, 10 lbs. Apricots
 - 1 Hind Quarter of Imported Beef, 121 lbs.
 - 18 tins, 174 lbs. of Cooked Ham.
 - 3 tins, 18 lbs, Ox Tongue.
 - 5 tins, 15 lbs. Corned Beef.
 - 3 tins, 3 lbs. 13 ozs. whole chicken.

SLAUGHTER OF ANIMALS ACT.

42 Slaughterman's Licenses have been issued during the year.

MILK AND DAIRIES REGULATIONS, 1949 - 54

The following table indicates the number and type of licenses issued to milk retailers within the District.

Special Designation	No. of Dealers' Licenses.	No. of Supplementary Licenses
Tuberculin Tested	13	9
Pasteurised	12	Nen. Que of Commen
Sterilised	40	Am 8 or Contract

SHOPS ACT.

The Powers of the Staffordshire County Council under the Shops Acts are delegated by agreement to the Rural District Council and the Council have placed upon me the responsibility of inspection under the Act. In general the shopkeepers of the District Comply with the Closing provisions of the Act.

Number of inspections carried out during the year 42

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following Table shows the number of inspections carried out to the various types of properties within the District.

	Local Authority	Dwelling Houses	Business Premises Agr	icultural
No. of Properties in Loca! Authority's District	21	9581	981	907
No. of properties inspected as a result of— a) Notification	Beaf.	19	1 24 - 2011 G	3
b) Surveyed under the Act	21	454	42	15
c) Otherwise				
Total Inspections carried out including re-inspections.	79	708	97	297
No. of properties inspected which were found to be infested.		700		year
(a) Rats Major	21	450		
(b) Mice Major Minor	olit volatifa			
Number of infested properties treated by Local	un the Di	drive erollic	to smilk rel	issued
Authority	21 	464	42	18
Schemes carried out			0 properties)	usdurl
Number of Contracts Amount of Contracts		£		

PETROLEUM CONSOLIDATION ACT. 1958

Number of petrol Licences issued	 	 	89
Number of Carbide Licenses issued	 	 	
Number of inspections	 	 	23

FACTORIES AND WORKSHOPS

Number	on Register		 	 124
Number	using Mechanical	Power	 	 72
Number	of inspections		 	 10

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	Inspections. Number of Written Notices Prosecuted
1.—Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authority	52	6
2 Factories not included in (1) in which Section 7 is enforced by the Local Authority	72	4 1
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	000. 40. 91. 578. 679.	
_ TOTAL	124	10 1

Cases in which defects were found to exist. 2.

PARTICULARS	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	Number of cases in which prosecutions. were instituted
Want of cleanliness (S1)				willia.	e Weigner and
Overcrowding (S2)					
Unreasonable Temperature	- 01				SHARE
— (S3) · · · · · · · · · · · · · · · · · · ·					
Inadequate ventilation (S4)					
Sanitary Conveniences (S7). (a) insufficient	.;	·;		**	
(b) unsuitable or defective	1	1	**	1	
(c) not separate for sexes.				**	••
Ineffective drainage of floors		- 1			••
Other offences against the					
Act (not including off-					
ences relating to out-					
work)					
TOTAL	1	1		1	

SUMMARY OF WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

Description of Visits	Inspections and	Notices	served	Nation
	Observations	Informal	Formal	Notices Complied
	made	A.I.A.O.I.IIM.	1 Ormai	with
Complaints and Nuisences	262	34	11	138H
Food Premises	95	10		10
Food Inspection	2297			
Ice Cream Premises	9			
Farms and Dairies	6		1	1
Housing Act, 1936	196		18	18
Housing Act, 1949	196			
Housing Applications	375			
Rent Act, 1957	34		11	1
Slaughterhouses	12			
Conversions	294	44	16	67
Drainage	270	11	1	8
Shops Act	24	2		8 2 1
Factories and Workshops	10		1	1
Water Supplies	17	3	6	7
Water Samples	50			
Rodent Control	283			
Petroleum Regulations	23			
Clean Air Act	46			
Offensive Trades	15	2		2 2
Scavenging	1	4	1	2
Schools	1			
Infectious Diseases	7			
Food Posioning	5			
Food Samples	2			
Re-visits of Complaints	136			
Interviews and other visitis	494			
TOTALS	5,178	110	66	119

ENGINEER AND SURVEYOR'S CONTRIBUTION FOR THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH—1958.

CHEDDLETON WATER SUPPLY: (Wallmyres Pumping Station). The amount of water pumped from 1st January, 1958 to 31st December, 1958 was 144,459,800 gallons which gives a daily consumption of 395,780 gallons.

TEAN WATER SUPPLY: (Teanford Pumping Station).

The amount of water pumped from 1st January, 1958 to 31st December, 1958 was 26,375,000 gallons which gives a daily consumption of 72,260 gallons.

HOLLINGTON WATER: (Hollington Supply) (Teanford Pumping Station).

The amount of water supplied to the general public from this supply from 1st January, 1958 to 31st December, 1958 was 50,919,400 gallons which gives a daily consumption of 139,505 gallons.

CAULDON LOWE SUPPLY: (Cauldon Lowe Pumping Station, Cotton).

The amount of water pumped from 1st January, 1958 to 31st December, 1958 was 24,698,000 gallons which gives a daily consumption of 67,665 gallons.

FOXT AND IPSTONES SUPPLY: (Black Back Pumping Station, Foxt).

The amount of water pumped from 1st January, 1958 to 31st December, 1958 was 9,905,000 gallons which gives a daily consumption of 27,136 gallons.

SEWERAGE AND SEWAGE DISPOSAL SCHEMES:

KINGSLEY HOLT SEWERAGE AND SEWAGE PURIFICATION WORKS:

The construction of the sewers to serve properties fronting on to the Kingsley Holt—Cheadle Road have been completed including the construction of the sewage disposal works. The house properties have been connected to the sewers and the works are functioning satisfactorily.

The works comprise of—Detritus Tank, two Sedimentation Tanks, Dosing Chamber, Biological Filter and Humus Tank. Prior to the installation of this Scheme the sewage discharged direct into the Ditch which is a tributary to the Kingsley brook, the latter is now in a clean condition the improvement being due to the sewerage and sewage purfication works at Kingsley, and the new works at Kingsley Holt.

IPSTONES SEWERAGE AND SEWAGE PURIFICATION WORKS.

The Contract for the sewerage and sewage purification works at Ipstones has been under construction during the past year. The works were designed to serve a population of 1,120 persons which provides for future development above the existing population which is at present 780 persons.

The length of sewer included in this scheme is approximately 1,030 lineal yards and it is anticipated that the works will be put into commisson during the next few months. The works comprise—two Detritus Tanks, one storm Tank, two Sedimentation Tanks, two Circular Biological Filters and two Humus Tanks, together

with seven Sludge Drying Beds.

The existing sewers in High Street have been utilised as part of the comprehensive sewerage system, but these sewers receive the storm water off the roads. A specially designed storm overflow chamber has been constructed which discharges flows over six times the dry weather flow direct to the brook, and flows up to six times the dry weather flow will discharge to the new works for treatement.

Immediately the new sewers are put into commission the house drains which at present discharge into the old sewers at Far Lane and Belmont Lane will be disconnected and re-connected to

the new sewers.

CAVERSWALL WOOD SEWERAGE SCHEME

The internal drainage scheme forming part of the Blythe Valley sewers have been completed in the last few years, but a number of properties which were isolated in Caverswall Wood were not connected. A scheme has been prepared which has received the approval of the Ministry of Housing and Local Government in August of this year and tenders have been invited, and work was in fact commenced in December. It is anticipated that the work will be completed in the near future. This will obviate the use of individual septic tanks which were not satisfactory due to the nature of the subsoil being stiff clay. The cost of this Scheme was expensive having regard to the small number of properties which the new sewers will serve, but will remove a number of existing nuisances at Caverswall Wood.

WATER SCHEMES:

BOTTTOMHOUSES WATER SCHEME:

This Scheme has been prepared and submitted to the Ministry and in June of this year approval was received from the Ministry of Housing and Local Government to proceed with this Scheme, and accordingly tenders have been invited and it is anticipated that work will be commenced early in the new year. The Ministry of Housing and Local Government have issued a licence for the abstraction of additional quantities of water and the installation of the machinery at the Black Bank Pumping Station which will be the source of supply for this Scheme.

34

CHEDDLETON WATER SCHEME:

The successful pumping test following the sinking of the borehole last year proved that the Sheepwash Borehole would ultimately be the main source of supply for the Cheddieton water Scheme. The Ministry of Housing and Local Government, however, considered that in view of the increased depth that press publication should be made prior to granting a licence for the abstraction of water. This was accordingly complied with and due to an objection being received the Scheme has been delayed. If a licence is issued the Scheme has been prepared so that tenders can be invited for the laying of the necessary pumping main, together with the construction of the pump house and ancillary works to be proceeded with without delay. The matter is one of some urgency having regard to the continuous lowering of the water levels at the Wallmyres wells, and as will be seen the daily consumption for the Cheddleton Water Scheme, the demand is approximately 400,000 gallons of water per day, and the Council are most anxious to proceed with this scheme to avoid a breakdown of the Scheme.

WATERMAINS EXTENSIONS—HOUSING SITES.

Short length of mains have been provided in various parts of the district where housing sites are being developed, these are as follows:—

The Southlowe Housing Site, Cellarhead. Washerwall Lane Estate. Hayner Grove Estate, Weston Coyney. Coupe Drive Estate, Weston Coyney Horton Drive Estate, Weston Coyney. Short extension at Brookside, Tean.

HOUSEHOLD REFUSE COLLECTION

The Council have continued to collect household refuse throughout the District by direct labour. This system now covers the whole of the district since existing contracts for the collection of household refuse have now expired. A new vehicle has been acquired to take over the district for the parish of Waterhouses and a new vehicle is also being obtained to replace one of original vehicles which was 17 years old. The new vehicles are powered by diesel engines, this is the first of this type acquired by the Council and these are proving to be economical to operate. The two new vehicles have a lower loading line than the previous ones due to an improved design chassis manufactured by Messrs. Bedford Motors Limited. The Council have eight covered refuse collection vehicles and three nightsoil tank vehicles. These vehicles are garaged at the Council's Depot off Ashbourne Road, Cheadle, and are maintained by the Council's own maintenance staff.

In addition to the above vehicles the Council also operate two open lorries which are used in conjunction with the Council's various water schemes and sewage disposal schemes and other works of a general character. Five small vans are also operated for the use by the foreman in charge of the respective gangs of workmen and for the house repair maintenance staff.

The existing large garage has been extended to meet the additional accommodation now required for the additional vehicles.

Refuse is disposed of in various parts of the district by the controlled method of disposal. Waste sand and soil where possible is used as a sealing material, the latter being obtained from gravel works in the district. A weekly collection of household refuse is in operation, but in outlying areas where access is lengthy a fortnightly collection is in operation.

BUS SHELTERS

During the year seven more 'bus shelters have been erected five of the prefabricated concrete type with glazed windows and two of precast limestone blocks. The location of the seven shelters being as follows:—

1...Cheadle.

1...Calton (Precast limestone blocks).

1...Draycott.

1...Tean.

1...Werrington.

1...Weston Coyney, and

1...Winkhill (Precast limestone blocks).

The total number of shelters erected throughout the Rural District now number 49, and in accordance with the Council's programme further shelters are to be erected next year.

These shelters are appreciated by members of the general public, but I regret to say that considerable malicious damage is done, particularly the breakage of windows at weekends and holiday times.

PROVISION OF LITTER BASKETS.

During the year litter baskets have been provided in various parts of the district in response to the National Campaign to "Keep Britain Tidy." Up to the end of the year 74 baskets of various types have been provided, the total cost of which amounts to £245, and further baskets are on order for other parts of the district. In

connection with this Campaign the Parish Councils throughout the area have co-operated and have from time to time made suggestions regarding the more suitable sites for the litter baskets. These are emptied by the refuse collectors as part of their normal refuse collection duties.

HOUSING

The number of houses completed during the year was:-

by Local Authority			4
by Private Enterprise	 	 	194

Total 198

ATTLEE ROAD HOUSING SITE.

A further four houses have been erected on this site, as part of the Slum Clearance Programme, and the estate is now finally completed making a total of 70 houses and 28 flats.

In addition the Council have prepared an area of hard standing for the benifit of the Council house tenants enabling them to rent and erect their own prefabricated concrete garages thereon.

THE BIRCHES, CHEADLE.

Application has been made for the erection of a detached bungalow on a plot of land at the junction of The Birches and The Avenue, Cheadle. This plot has always been referred to as "waste land" and has in the past been used as a dumping ground by the local residents for garden refuse. The building of this bungalow will tidy up the site and provide accommodation for a dwelling as part of the Council's Slum Clearance Programme.

QUEEN STREET, CHEADLE.

A similar detached bungalow has also been placed an a plot of land which was formerly a shrubbery at the junction of Queen Street and Churchill Road, Cheadle. This bungalow will shortly be ready for occupation.

TEAN ROAD HOUSING SITE, CHEADLE.

The Council have acquired an area of land of 6.11 acres fronting on to Tean Road and is adjacent to the Stanfield Crescent privately owned housing estate. Planning permission has been obtained for the development of the land for the Council's housing site, and tenders have been received and the Ministry's approvai thereto for the construction of the streetworks and sewers including watermains. The Contractor has commenced operations and it is proposed to erect on this site 50 houses, 12 two storey flats and eight bungalows, as part of the Council's Slum Clearance Programme.

WELL STREET HOUSING SITE.

On this site there are two areas of land fronting Robina Drive which will accommodate a pair of houses on each plot. These were not developed during the original developement due to the existance of overhead high tension electric wires. The latter have now been laid underground which will permit the houses being built in the near future.

BLYTHE MOUNT HOUSING SITE.

A range of six lock-up garages have been erected on this site for the use of the Council House Tenants with cars. Consideration has been given to the erection of a further nine lock-up garages to meet the demand on this Housing Site.

PRIVATE ENTERPRISE:

The number of houses and bungalows under construction by

private enterprise at present within the Rural District is 117.

A considerable number of private layout plans for development of other Estates have been approved which will provide for a considerable number of houses to be erected by private enterprise in the immediate future.





